

10-04-06

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703-770-7901

T-394 P.001/007 F-210

Attorney's Docket 071469-0304543  
Client Reference: PC0109A 2

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re PATENT APPLICATION of:  
WAYNE JOHNSON, ET AL.

Confirmation No: 1154

Application No.: 10/621,464

Group Art Unit: 1763

Filed: July 18, 2003

Examiner: Sylvia MacArthur

Title: VERTICALLY TRANSLATABLE CHUCK ASSEMBLY AND METHOD FOR A  
PLASMA REACTOR SYSTEM

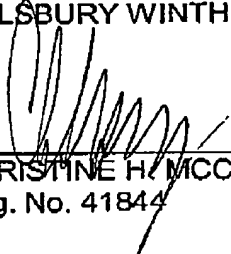
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UNDER 37 C.F.R. §1.8**

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**REQUEST FOR CONTINUED EXAMINATION (RCE) WITH  
MODIFIED THREE-MONTH EXTENSION OF TIME REQUEST**

PILLSBURY WINTHROP SHAW PITTMAN LLP

  
\_\_\_\_\_  
CHRISTINE H. MCCARTHY  
Reg. No. 41844

Date: October 4, 2006  
P.O. Box 10500  
McLean, VA 22102  
Telephone: (703) 770-7900  
Facsimile: (703) 770-7901

(Certification of Facsimile Transmission—page 1)

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# **FEE TRANSMITTAL**

## **For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790.00

**Complete If Known**

Application Number 10/621,464  
 Filing Date July 18, 2003  
 First Named Inventor WAYNE JOHNSON  
 Examiner Name Sylvia MacArthur  
 Art Unit 1763  
 Attorney Docket No. 071469-0304543

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

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☐ Charge fee(s) indicated below, except for the filing fee

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =

/ 50 =

(round up to a whole number) x

250.00 =

0.00

**4. OTHER FEE(S)**

Non-English Specification \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE)

790.00

**SUBMITTED BY**

Signature

Name (Print/Type)

Christine H. McCarthy

Registration No.  
(Attorney/Agent)

41844

Telephone

Date

October 4, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Provisional	200	100	0	0	0	0	

##### 2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
- 3 or HP =	x	=
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x 250.00 = 0.00  
 Fees Paid (\$)

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790.00

#### SUBMITTED BY

Signature

Name (Print/Type) Christine H. McCarthy

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41844

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